ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

St Vincent Clay Hospital

City: Brazil   County: Clay   Year: **2004**

Provider Type: General Acute Hospital

I. Inpatient Care			
Hospital Service Description	**Number of Set Up Beds**	**Number of Discharges**	**Number of Patient Days**	**Average Charge Per Discharge**
Burn Care	0	0	0	$0
Cardiac Intensive	0	0	0	$0
ICU Med/Surg	0	0	0	$0
ICU Neonatal	0	0	0	$0
ICU Pediatric	0	0	0	$0
Medical/Surgical	25	970	3,511	$5,394
Neonatal Intermed	0	0	0	$0
Obstetrics	0	0	0	$0
Pediatric	0	0	0	$0

Psychiatric	0	0	0	$0
Rehabilitation	0	0	0	$0
Substance Abuse	0	0	0	$0
Swing Beds	NA	82	885	$15,854
Other Services	0	0	0	NA
Acute Subtotal	25	1,052	4,396	NA
Normal Newborn	0	0	0	$0

II. Outpatient Visits			
Circulatory System	4,170	Digestive System	1,225
Endocrine System	3,932	Injuries and Poison	113
Mental Disorder	366	Musculoskeletal	3,530
Neoplasms	984	Nervous	12
Respiratory	1,251	Urinary	1,343
Other/Unknown	6,057	Total Visits	22,983
Number of Visits to Emergency Department			9,351
Percent of Emergency Department Visits of Total Visits			40.7%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

N - Ambulance Service (Owned)	N - Alcohol/Drug Service	Y - Anesthesia Services
N - Audiology	Y - Blood Bank	N - Cardiac Cath Lab
N - Cardiac-Thoracic Surgery	N - Chemotherapy Service	N - Chiropractice Service
N - CT Scanner	N - Dental Service	Y - Dietetic Service
N - Extracorporeal Lithotripter	N - Gerontological Service	N - Home Health Service
N - Hospice	Y - Laboratory Anatomical	Y - Laboratory Clinical
N - Magnetic Resonance (MRI)	Y - Neonatal Nursery	N - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
N - Opthalmic Surgery	N - Optometric Service	N - Organ Bank
N - Organ Transplant	N - Orthopedic Surgery	Y - Pharmacy
Y - Physical Therapy	N - PET Imaging	Y - Postoperative Recovery
N - Psychiatric Emergency	N - Psychiatric Child	N - Psychiatric Forensic
N - Psychiatric Geriatric	Y - Radiology Diagnostic	N - Radiology Therapeutic
N - Reconstructive Surgery	Y - Respiratory Care	N - Rehab Inpat CARF
N- Rehab Inpat Non CARF Acc	N- Rehab Outpatient	N- Renal Dialysis

Y - Social Services	Y - Speech Pathology	Y - Surgical Inpatient
Y - Surgical Outpatient	N - Trauma Center Certified	N - Transplant Cnt Medicare
N - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported

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